

Received & Inspected

OCT 30 2013

FCC Mail Room

DOCKET FILE COPY ORIGINAL

**Kaltelco**

**KALEVA TELEPHONE COMPANY**

9462 Osmo Street, Kaleva, Michigan 49645 (231) 362-3111

**REDACTED – FOR PUBLIC INSPECTION**

October 11, 2013

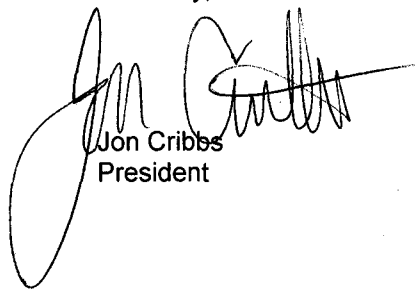
Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

RE: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Kaleva Telephone Company Study Area Code 310703

Dear Ms. Dortch:

Attached are the confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. We seek confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,



Jon Cribbs  
President

Enclosed

No. of Copies rec'd \_\_\_\_\_  
List ABCDE \_\_\_\_\_

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FCC Form 481 – Carrier Annual Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3050-0086/OMB Control No. 3060-0019  
July 2013

|   |                          |                      |
|---|--------------------------|----------------------|
| <010> Study Area Code   | 310703                   |                      |
| <015> Study Area Name   | KALEVA TEL CO            | Received & Inspected |
| <020> Program Year  | 2014                     | OCT 30 2013          |
| <030> Contact Name: Person USAC should contact with questions about this data         | JACK C. SCHAEFER         | FCC Mail Room        |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 231-362-3111             |                      |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | jcschaefer@kaltelnet.net |                      |

| ANNUAL REPORTING FOR ALL CARRIERS   |   | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|---|---|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting   | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice)  | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report           |   |                                     |                                     |
| <300> Unfulfilled Service Requests (voice)  | <input type="text" value="0"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice)  | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband)  |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband)  | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice)                                    |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed   | <input type="text" value="0.0"/>          |                                     |                                     |
| <420> Mobile  |   |                                     |                                     |
| <430> Number of Complaints per 1,000 customers (broadband)                                |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed   |   |                                     |                                     |
| <450> Mobile  |   |                                     |                                     |
| <500> Service Quality Standards & Consumer Protection Rules Compliance                    | (check to indicate certification)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510>   | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations   | (check to indicate certification)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610>   | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)   | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband)   | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates  | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability  | (check to indicate certification)         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <1010>  | (attach descriptive document)             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110>  | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers   | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**  
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |                                     |                                     |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                                     |                                     |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting**

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 310703

<015> Study Area Name KALEVA TEL CO

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data JACK C. SCHAEFER

<035> Contact Telephone Number - Number of person identified in data line <030> 231-362-3111

<039> Contact Email Address - Email Address of person identified in data line <030> jcschaefer@kaltelnet.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☒ ☐

If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☒

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

|  |  |  |
|--|--|--|
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|  |  |  |
|  |  |  |
|  |  |  |

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**(200) Service Outage Reporting (Voice)**

## 1. Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

May 2023

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

[illegible]

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Page 4

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

[illegible]

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(800) Operating Companies Data Collection Form FCC Form 483 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

|       |                   |                          |
|-------|-------------------|--------------------------|
| <810> | Reporting Carrier | KALEVA TELEPHONE COMPANY |
| <811> | Holding Company   | KALTELCO INC.            |
| <812> | Operating Company |                          |

[illegible]

## (900) Tribal Lands Reporting

FCC Form 481

OMB Control No. 3060-0886/OMB Control No. 3060-0819

July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select<br>(Yes, No,<br>NA)   |
|--|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; |
| <922> Feasibility and sustainability planning;   |
| <923> Marketing services in a culturally sensitive manner;   |
| <924> Compliance with Rights of way processes  |
| <925> Compliance with Land Use permitting requirements   |
| <926> Compliance with Facilities Siting rules  |
| <927> Compliance with Environmental Review processes   |
| <928> Compliance with Cultural Preservation review processes   |
| <929> Compliance with Tribal Business and Licensing requirements.                                    |



(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481

Control No. 3000-0986/OMB Control No. 3060-0819

July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)



<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)



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## (1200) Terms and Condition for Lifeline Customers

FCC Form 481

Lifeline

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Data Collection Form

July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

## &lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

## &lt;1220&gt; Link to Public Website

HTTP [www.kaltelnet.net](http://www.kaltelnet.net)

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☐
- <1222> Details on the number of minutes provided as part of the plan, ☐
- <1223> Additional charges for toll calls, and rates for each such plan. ☐

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**(2000) Price Cap Carrier Additional Documentation****Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

REG Form 457

OMB Control No. 3060-0086/OMB Control No. 3060-0819

July 2012

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

Check the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}  
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification  
 <2013> 2014 Frozen Support Certification  
 <2014> 2015 Frozen Support Certification  
 <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐  
☐  
☐  
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 487

OMB Control No. 3060-0986/OMB

July 2013

|                          |                  |
|--------------------------|------------------|
| <010> Study Area Code    | 310703           |
| <011> Study Area Name    | KALEVA TEL CO    |
| <012> Study Area Address | 2014             |
| <013> Study Area City    | JACK C. SCHAEFER |
| <014> Study Area State   |                  |
| <015> Study Area Zip     |                  |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

|   |  |   |
|---|--|---|
| (3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))<br>Please check this box to confirm that the attached PDF, on line 3012,<br>contains the required information pursuant to § 54.313 (f)(1)(ii), as a<br>recipient of CAF Phase II support shall provide the number, names, and<br>addresses of community anchor institutions to which began providing<br>access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/>  |
| (3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))<br>Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))<br>If yes, does your company file the RUS annual report<br>Please check these boxes to confirm that the attached PDF, on line 3017,<br>contains the required information pursuant to § 54.313(f)(2) compliance<br>requires:   | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No)<br><input type="checkbox"/> (Yes/No) |
| (3015) Electronic copy of their annual RUS reports (Operating Report for<br>Telecommunications Borrowers)   |  | <input type="checkbox"/>  |
| (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input type="checkbox"/>  |
| (3017) If the response is yes on line 3014, attach your company's RUS annual<br>report and all required documentation   | Name of Attached Document Listing Required Information | <input type="checkbox"/> (Yes/No)   |
| (3018) If the response is no on line 3014, is your company audited?<br>If the response is yes on line 3018, please check the boxes below to<br>confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  |  | <input type="checkbox"/>  |
| (3019) Either a copy of their audited financial statement; or (2) a financial report<br>in a format comparable to RUS Operating Report for Telecommunications   |  | <input checked="" type="checkbox"/>   |
| (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input type="checkbox"/>  |
| (3021) Management letter issued by the independent certified public accountant<br>that performed the company's financial audit.<br>If the response is no on line 3018, please check the boxes below<br>to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),<br>contains:  |  | <input checked="" type="checkbox"/>   |
| (3022) Copy of their financial statement which has been subject to review by an<br>independent certified public accountant; or 2) a financial report in a<br>format comparable to RUS Operating Report for Telecommunications<br>Borrowers,   |  | <input checked="" type="checkbox"/>   |
| (3023) Underlying information subjected to a review by an independent certified<br>public accountant  |  | <input checked="" type="checkbox"/>   |
| (3024) Underlying information subjected to an officer certification.  |  | <input checked="" type="checkbox"/>   |
| (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input checked="" type="checkbox"/>   |
| (3026) Attach the worksheet listing required information  | Name of Attached Document Listing Required Information | Kaleva 2012 Review Report Confidential  |

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|  |   |
|--|---|
| <b>Certification - Reporting Carrier</b> | FCC Form 481  |
| <b>Data Collection Form</b>              | OMB Control No. 3060-0385/OMB Control No. 3060-0819 |
|  | July 2013   |

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 310703                   |
| <015> | Study Area Name   | KALEVA TEL CO            |
| <020> | Program Year  | 2014                     |
| <030> | Contact Name - Person USAC should contact regarding this data             | JACK C. SCHAEFER         |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 231-362-3111             |
| <039> | Contact Address - Email Address of person identified in data line <030>   | jcschaefer@kaltelnet.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |                  |
|---|------------------|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |                  |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                  |
| Name of Reporting Carrier:  | KALEVA TEL CO    |
| Signature of Authorized Officer:  | CERTIFIED ONLINE |
| Printed name of Authorized Officer:   |                  |
| Title or position of Authorized Officer:  |                  |
| Telephone number of Authorized Officer:   |                  |
| Study Area Code of Reporting carrier:   | 310703           |
| Filing Due Date for this form:  | 12/31/14         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                  |

|   |  |  |
|---|--|--|
| <b>Certification - Agent / Carrier</b><br><b>Data Collection Form</b> |  | ICC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|--|

|   |                          |
|---|--------------------------|
| <010> Study Area Code   | 310703                   |
| <015> Study Area Name   | KALEVA TEL CO            |
| <020> Program Year  | 2014                     |
| <030> Contact Name - Person USAC should contact regarding this data                 | JACK C. SCHAEFER         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 231-362-3111             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jcschaefer@kaltelnet.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |   |
|---|---|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that (Name of Officer of the reporting carrier) my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |   |
| Name of Authorized Agent:   |   |
| Name of Reporting Carrier:  | KALEVA TEL CO                             |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date:                                     |
| Printed name of Authorized Officer:   |   |
| Title or position of Authorized Officer:  |   |
| Telephone number of Authorized Officer:   |   |
| Study Area Code: 310703   | Filing Due Date for this form: 10/15/2014 |
| Person making this statement: _____ this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |   |
|---|---|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |   |
| Name of Reporting Carrier:  | KALEVA TEL CO                             |
| Name of Authorized Agent or Employee of Agent:  |   |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE  | Date:                                     |
| Printed name of Authorized Agent or Employee of Agent:  |   |
| Title or position of Authorized Agent or Employee of Agent:   |   |
| Telephone number of Authorized Agent or Employee of Agent:  |   |
| Study Area Code: 310703   | Filing Due Date for this form: 10/15/2014 |
| Person making this statement: _____ this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

## Attachments



**REDACTED – FOR PUBLIC INSPECTION**

**KALEVA TELEPHONE COMPANY (SAC 310703)**

**ATTACHEMENT – LINE 3026**

**ATTACHEMENT REDACTED IN ENTIRETY**